



**ENVIRONMENTAL AND
PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716**

**Application for Operator/Manager Certification
Form DEP 6031 (1/08)**

GENERAL INSTRUCTIONS

- 1. APPLICABILITY** – This form must be completed and submitted to the Cabinet by persons who propose to apply for Operator/Manager Certification. The purpose of the program is to train operators and managers in the environmentally sound solid waste practices of maintaining a landfill, compost, or landfarm facility. Upon successful completion of the course, the participant will obtain a 5-year certification.
- 2. ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716, extension 276.
- 3. REGISTRATION:** In order to successfully be enrolled or register for a class, please complete and return the following to the address below: (1) the Application for Certification, form DEP 6031; (2) the registration form; (3) the appropriate fee for the class.

Upon receipt of these items, the applicants will receive a letter of confirmation from the Division.

**Attention: Anita Young
Division of Waste Management, Solid Waste Branch
14 Reilly Road
Frankfort, KY. 40601
(502) 564-6716, extension 276**

- 4. FEES - The fees required for the course are allocated for the expense of the training course instructor, location, and refreshments; provided training manual, supplies, study guides, and the certification exam. Please send separate payments for each registration, in the form of a check or money order made payable to: Kentucky State Treasurer. Refunds will not be issued.**

Landfill Operator Fee:	\$125.00
Landfill Manager Fee	\$150.00
Operator and Manager Training only Fee:	\$100.00
Compost Operator Fee	\$125.00
Landfarm Operator Fee	\$125.00

- 5. LAWS AND REGULATIONS – Applicants are expected to understand and comply with all laws and regulations applicable to gaining certification. Regulations for Certification are listed in 401 KAR 47:070.**

Statutes and regulations may be viewed online at the following website addresses: <http://www.lrc.ky.gov/search.htm>

Solid waste certification forms are available at the following website address: <http://www.waste.ky.gov/>, under the “What’s New” logo.



Application for Operator/Manager Certification

Applicant Information

1. Type of certification for a(n):

- ☐ Operator of a Landfill, Landfarm, or Compost site
☐ Manager of a Landfill, Landfarm, or Compost site

2. Type of facility:

- ☐ Landfill
☐ Landfarm
☐ Compost

3. Applicant Name: _____

4. Applicant Mailing Address: _____

5. City: _____ 6. State: _____ 7. Zip Code: _____

8. E-Mail Address: _____ 9. Date of Birth: ____ - ____ - ____

10. Phone #: (____) ____ - ____ 11. Cell #: (____) ____ - ____ 12. Work #: (____) ____ - ____

13. Are you, or have you ever been, certified in Kentucky to operate/manage the type of facility for which certification is now being sought?

- ☐ Yes
☐ No

If you checked yes, please provide the expiration date of certificate: ____ - ____ - ____

14. Have you ever had an Operator's/Manager's Certification revoked? ____ - ____ - ____

- ☐ Yes
☐ No

If you checked yes, please provide the date of the revocation: ____ - ____ - ____

15. Are you currently employed by a Waste Facility?

- ☐ Yes
☐ No

If you checked yes, please complete items # 16-27; if you checked no, skip to #28.



Facility Information

16. Facility Name: _____ 17. County: _____

18. Facility Location: _____
(Provide the street or physical location. Do not use P. O. Box #'s, etc.)

19. City: _____ 20. State: _____ 21. Zip Code: _____

22. Facility Contact: _____ 23. Title: _____
(Your supervisor)

24. Facility Type: _____ 25. Permit #: _____ - _____

26. Phone #: (____) ____ - ____ 27. Fax #: (____) ____ - ____ 28. Cell #: (____) ____ - ____

Educational Information

Elementary/Middle School Information

29. Please check highest elementary/ middle school grade level completed:

- ☐ 1st grade
☐ 2nd grade
☐ 3rd grade
☐ 4th grade
☐ 5th grade
☐ 6th grade
☐ 7th grade
☐ 8th grade

30. Did you receive a diploma? ☐ Yes ☐ No

31. School Information:

Name of Elementary/Middle School	Address of School	Dates of Attendance (Years only)
		-
		-

Educational Information

High School Information

32. Please check highest high school grade level completed:

- ☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade

33. Did you receive a diploma? ☐ Yes ☐ No

If you checked No, and took an Equivalency Exam (GED) and passed, please provide the date of the exam: ____ - ____ - ____

34. School Information:

Name of High School	Address of School	Dates of Attendance (Years only)
		-
		-

Post-Graduate Information

Undergraduate College

35. School Information:

Name of Undergraduate College	Address of College	Dates of Attendance (Years only)
		-
		-

36. Declared Major/Minor: _____ / _____

37. Please provide the number of completed college semester hours: _____

38. Did you receive an undergraduate degree?

- ☐ Yes
☐ No

If you checked yes, please provide the date of graduation: ____ - ____ - ____

39. Type of degree issued: _____

Post-Graduate Information

Graduate College

40. School Information:

Name of Graduate College	Address of College	Dates of Attendance (Years only)
		-
		-

41. Declared Major/Minor: _____ / _____

42. Please provide the number of completed college semester hours: _____

43. Did you receive an undergraduate degree?

☐ Yes

☐ No

If you checked yes, please provide the date of graduation: ____ - ____ - ____

44. And type of degree issued: _____

Vocational/Technical School

45. School Information:

Name of Vocational/ Technical School	Address of School	Dates of Attendance (Years only)
		-
		-

46. Please provide the number of completed courses: _____

47. Major area of Study: _____

48. Did you receive a diploma and/or certification from a trade school?

☐ Yes

☐ No

If you checked yes, please provide the date of graduation/certification: ____ - ____ - ____

49. Type of diploma/certification issued: _____

Post-Graduate Information

Alternate Source Schools

(Internet, Correspondence, Training courses)

50. School Information:

Name of Alternate Source School	Address of School	Dates of Attendance (Years only)
		-
		-

51. Please provide the number of completed courses: _____

52. Major area of Study or Name of Course: _____

53. Describe the Course, listing objectives or goals of the course: _____

54. Did you receive a diploma and/or certification from an Alternate Source School?

☐ Yes

☐ No

If you checked yes, please provide the date of graduation/certification: ____ - ____ - ____

55. Type of diploma/certification issued: _____

Employment History

Please provide an employment history for the last 5 years, starting with the most current. If you need more space, provide it as Attachment 1.

56. Current Employer

Name and Address of Employer	Your Job Title	Employment Dates
		____ - ____ - ____ to ____ - ____ - ____

Description of Job Duties: _____

57. Next Employer

Name and Address of Employer	Your Job Title	Employment Dates
		<div> <div> <div></div> <div>-</div> <div></div> </div> <div> <div></div> <div>-</div> <div></div> </div> <div> <div></div> <div>-</div> <div></div> </div> <div>to</div> </div>

Description of Job Duties: _____

58. Next Employer

Name and Address of Employer	Your Job Title	Employment Dates
		<div> <div> <div></div> <div>-</div> <div></div> </div> <div> <div></div> <div>-</div> <div></div> </div> <div> <div></div> <div>-</div> <div></div> </div> <div>to</div> </div>

Description of Job Duties: _____

59. Next Employer

Name and Address of Employer	Your Job Title	Employment Dates
		<div> <div> <div></div> <div>-</div> <div></div> </div> <div> <div></div> <div>-</div> <div></div> </div> <div> <div></div> <div>-</div> <div></div> </div> <div>to</div> </div>

Description of Job Duties: _____

Certification

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision or by me personally. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that should an investigation at any time show falsification of records, I will be disqualified from the certification examination. Further, if my certification is obtained through fraud, deceit, or other submission of inaccurate data, my certification will be revoked and I will be ineligible for future recertification.”

Name of Person Signing (type or print): _____

Signature per 401 KAR 47:070: _____

